### **FORM D**

Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

Mashinaton, DC SECTION 4(6), AND/OR

**OMB APPROVAL** OMB Number: 3235-0076 Expires: Sept. 30,2008 Estimated average burden hours per response. . . . . 16.00

| SEC USE ONLY  |        |  |  |  |  |  |
|---------------|--------|--|--|--|--|--|
| Prefix        | Serial |  |  |  |  |  |
|               |        |  |  |  |  |  |
| DATE RECEIVED |        |  |  |  |  |  |
|               | 1      |  |  |  |  |  |

| 101 UNIFORM LIMITED OFFERING EXEMI  | PTION L   |
|---|---|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  | · · · · · · · · · · · · · · · · · · ·   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | - PROOF   |
| A. BASIC IDENTIFICATION DATA  | SEP-2 4 200   |
| 1. Enter the information requested about the issuer   |   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Ecobeco, LLC  | THOMSON R   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 6449 Gerard Ct., Falls Church, VA 22043   | Telephone Number (Including Area Code) (866) 862-5111   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)  |
| Brief Description of Business   |   |
| Retail sales of products and services for consumers to improve energy efficiency of their hon   | nes.  |
| Type of Business Organization    corporation  | lease specify):   |
| Actual or Estimated Date of Incorporation or Organization: 012 018 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)  |   |
| GENERAL INSTRUCTIONS  |   |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).  | r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.   |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.   | A notice is deemed filed with the U.S. Securities low or, if received at that address after the date on |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205  | 49.   |
| Comes Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.   | signed. Any copies not manually signed must be  |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.  | t the name of the issuer and offering, any changes ed in Parts A and B. Part E and the Appendix need    |
| Filing Fee: There is no federal filing fee.   | ,   |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. | curities Administrator in each state where sales the exemption, a fee in the proper amount shall        |

this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

#### A, BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Brian P. Toll Business or Residence Address (Number and Street, City, State, Zip Code) 6449 Gerard Ct., Falls Church, VA 22043 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: ☐ Beneticial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business cr Residence Address (Number and Street, City, State, Zip Code)

|            |  |  |  |  | B. li                                     | NEURNIATI                  | ION ABOU               | LUPPEKU              | N. 1886.             | 80000 Hy 30000                          |                              |  |                      |
|------------|--|--|--|--|---|----------------------------|------------------------|----------------------|----------------------|---|------------------------------|--|----------------------|
|            |  |  |  |  | _   |                            |                        |                      |                      |   |                              | Yes  | No                   |
| 1.         | Has the  | issuer solo  | l, or does tl  |  |   | •                          |                        |                      |                      | -                                       | *******                      |  | <b>X</b>             |
| _          |  |  |  |  |   |                            | , Column 2             | _                    |                      |   |                              | - 10                                       | 00.00                |
| 2.         | What is  | the minim  | um investn   | nent that w  | fill be acce                              | pted from a                | my individ             | ual?                 |                      | *************************************** |                              | <b>-</b>                                   |                      |
| 3.         | Does th  | e offering   | permit join  | t ownershi   | p of a sing                               | le unit?                   |                        |                      |                      |   |                              | Yes<br><b>x</b>                            | No                   |
| 4.         |  |  |  |  |   |                            |                        |                      |                      |   | irectly, any                 |  |                      |
|            |  |  |  |  |   |                            |                        |                      |                      |   | he offering.<br>with a state |  |                      |
|            |  |  | ime of the b<br>you may s  |  |   |                            |                        |                      |                      | ciated pers                             | ons of such                  |  |                      |
| Ful        |  |  | first, if ind  |  | - Internati                               | OH IOI HEAL                |                        | icaici (iliiy        | •                    |   | •                            |  |                      |
|            | , ivanic (   | izasi name   | 11131, 11 1110   | ividuai)   |   |                            |                        |                      |                      |   |                              |  |                      |
| Bus        | siness or  | Residence  | Address (N   | lumber and   | l Street, Ci                              | ty, State, Z               | ip Code)               |                      |                      |   |                              |  |                      |
| Nar        | ne of As   | sociated Br  | oker or De   | aler   |   |                            |                        |                      |                      |   |                              |  |                      |
| Stat       | tes in Wi  | nich Person  | Listed Has   | Solicited  | or Intends                                | to Solicit l               | Purchasers             |                      |                      |   |                              |  |                      |
|            | (Check   | "All States  | s" or check  | individual   | States)                                   |                            |                        |                      |                      | <b>,</b>                                |                              | ☐ Al                                       | l States             |
|            | [AL]   | AK   | AZ   | AR   | CA  | CO                         | (ČT)                   | DE                   | DC                   | FL                                      | GA                           | Ш  | ID                   |
|            |  | IN   | IA   | KS   | KY  | LA                         | ME                     | MD                   | MA                   | MI                                      |                              | MS   | MO                   |
|            | MT)  | NE   | [ <u>NV</u> ]  | NH   | NJ  | NM<br>TET                  | NY)                    | NC                   | ND                   | OH                                      |                              | OR OV                                      | PA                   |
|            | RI]  | [SC]   | SD   | [TN]   | TX  | UT                         | [VT]                   | VA                   | WA                   | WV                                      | WI                           | WY]  | PR                   |
| Ful        | l Nanie (  | Last name  | first, if ind  | iviđual)   |   | •                          |                        |                      |                      |   |                              |  |                      |
| Bus        | siness or  | Residence  | Address (1   | Number an  | d Street, C                               | ity, State, 2              | Zip Code)              |                      |                      |   |                              |  |                      |
| Nar        | ne of As   | sociated Br  | oker or De   | aler   |   |                            |                        |                      |                      |   | · · · · · · ·                |  |                      |
| Stat       | tes in Wh  | ich Person   | Listed Has   | Solicited  | or Intends                                | to Solicit I               | Purchasers             |                      |                      |   |                              |  |                      |
|            |  |  | " or check   |  |   |                            |                        |                      |                      |   |                              |  |                      |
|            | [AL]   | (***********   |  |  |   |                            | *************          |                      | •••••••••            |   |                              |  | States               |
|            |  | IAKI   | [AZ]   | [AR]   | CA  |                            |                        |                      |                      |   |                              |  |                      |
|            | [L]  | AK<br>IN   | AZ<br>IA   | AR<br>KS   | CA<br>KY                                  | CO<br>LA                   | CT<br>ME               | DE<br>MD             | DC<br>MA             | FL<br>MI                                | GA<br>MN                     | ☐ AI  [][]  []  []  []  []  []  []  []  [] | I States  ID  MO     |
|            | IL<br>MT   |  |  |  | KY<br>NJ                                  | CO                         | CT                     | DE                   | DC                   | FL<br>ML<br>OH                          | GA                           |  | ID                   |
|            | <u> </u>   | IN   | ĪĀ   | KS   | KY  | CO<br>LA                   | CT<br>ME               | DE<br>MD             | DC<br>MA             | FL<br>ML                                | GA<br>MN                     | III<br>MS                                  | ID<br>MO             |
| Full       | MT RI  | IN<br>NE<br>SC   | IA<br>NV   | KS<br>NH<br>TN   | KY<br>NJ                                  | CO<br>LA<br>NM             | CT<br>ME<br>NY         | DE<br>MD<br>NC       | DC<br>MA<br>ND       | FL<br>ML<br>OH                          | GA<br>MN<br>OK               | III<br>MS<br>OR                            | MO<br>PA             |
| _          | RI Name (  | IN NE SC   | IA<br>NV<br>SD   | KS<br>NH<br>TN<br>vidual)                                | KY<br>NJ<br>TX                            | CO<br>LA<br>NM<br>UT       | CT<br>ME<br>NY<br>VT   | DE<br>MD<br>NC       | DC<br>MA<br>ND       | FL<br>ML<br>OH                          | GA<br>MN<br>OK               | III<br>MS<br>OR                            | MO<br>PA             |
| Bus        | MT RI Name (   | IN NE SC Last name   | IA<br>NV<br>SD<br>first, if ind  | KS<br>NH<br>TN<br>ividual)                               | KY<br>NJ<br>TX                            | CO<br>LA<br>NM<br>UT       | CT<br>ME<br>NY<br>VT   | DE<br>MD<br>NC       | DC<br>MA<br>ND       | FL<br>ML<br>OH                          | GA<br>MN<br>OK               | III<br>MS<br>OR                            | MO<br>PA             |
| Bus<br>Nan | MT RI Name (   | IN NE SC Last name Residence   | IA  NV  SD  first, if indi  Address (N                                     | KS<br>NH<br>TN<br>ividual)                               | KY<br>NJ<br>TX<br>d Street, C             | CO<br>LA<br>NM<br>UT       | CT<br>ME<br>NY<br>VT   | DE<br>MD<br>NC       | DC<br>MA<br>ND       | FL<br>ML<br>OH                          | GA<br>MN<br>OK               | III<br>MS<br>OR                            | MO<br>PA             |
| Bus<br>Nan | MT RI Name (   | IN NE SC Last name Residence sociated Br                                   | IA  NV  SD  first, if indi  Address (N  oker or De:                        | KS<br>NH<br>TN<br>ividual)                               | KY NJ TX  d Street, C                     | CO LA NM UT  ity, State, 2 | CT ME NY VT  Zip Code) | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI         | III<br>MS<br>OR<br>WY                      | ID<br>MO<br>PA<br>PR |
| Bus<br>Nan | MT RI Name (   | IN NE SC Last name Residence Sociated Braich Person "All States            | IA  NV  SD  Girst, if indi  Address (N  oker or De:  Listed Has " or check | KS<br>NH<br>TN<br>ividual)                               | KY NJ TX  d Street, C  or Intends States) | CO LA NM UT  ity, State, 2 | ME<br>NY<br>VT         | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI         | III<br>MS<br>OR<br>WY                      | MO<br>PA             |
| Bus<br>Nan | MT RI Name (Interest of Assets in What (Check            | IN  NE  SC  Last name  Residence  sociated Br  ich Person  "All States  AK | IA  NV  SD  first, if indi  Address (N  oker or De:  Listed Has " or check | KS NH TN  ividual)  Number an aler  Solicited individual | KY NJ TX  d Street, C  or Intends States) | CO LA NM UT  ity, State, 2 | CT ME NY VT  Zip Code) | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL MI OH WV                             | GA<br>MN<br>OK<br>WI         | III MS OR WY                               | ID MO PA PR States   |
| Bus<br>Nan | MT   RI   I Name (: iness or ne of Assets in What (Check | IN NE SC Last name Residence Sociated Braich Person "All States            | IA  NV  SD  Girst, if indi  Address (N  oker or De:  Listed Has " or check | KS NH TN  ividual)  Number an aler  Solicited individual | KY NJ TX  d Street, C  or Intends States) | CO LA NM UT ity, State, 2  | ME<br>NY<br>VT         | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI         | III MS OR WY                               | ID MO PA PR          |

# C: OFFERING PRICE, NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             |        |  |
|----|--|-----------------------------|--------|--|
|    | Type of Security   | Aggregate<br>Offering Price | e      | Amount Already<br>Sold                     |
|    | Debt   | s                           |        | <b>\$</b>                                  |
|    | Equity   |                             |        |  |
|    | Common Preferred   |                             |        |  |
|    | Convertible Securities (including warrants)  | \$_900,000.0                | 0      | \$_135,000.00                              |
|    | Partnership Interests  |                             |        | \$   |
|    | Other (Specify)  | s                           |        | \$   |
|    | Total  | 900,000.0                   | 0      | § 135,000.00                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |        |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number<br>Investors         |        | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors   | 6                           |        | \$ 135,000.00                              |
|    | Non-accredited Investors   | 0                           |        | \$_0.00                                    |
|    | Total (for filings under Rule 504 only)  | 6                           |        | \$ <u>135,000.00</u>                       |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |        |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |        |  |
|    | T  | Type of                     |        | Dollar Amount                              |
|    | Type of Offering   | Security                    |        | Sold                                       |
|    | Rule 505   | •                           |        | \$   |
|    | Regulation A   |                             |        | \$   |
|    | Rule 504   |                             |        | \$<br>\$ 0.00                              |
|    | Total  |                             | _      | \$_0.00                                    |
| 1  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |        |  |
|    | Transfer Agent's Fees  |                             |        | \$   |
|    | Printing and Engraving Costs   |                             |        | \$   |
|    | Legal Fees   |                             |        | \$ 15,000.00                               |
|    | Accounting Fees  |                             |        | \$   |
|    | Engineering Fees   |                             |        | \$   |
|    | Sales Commissions (specify finders' fees separately)   |                             |        | \$   |
|    | Other Expenses (identify)  |                             | $\Box$ | \$   |
|    | Total  |                             |        | c 15,000.00                                |

|      | C. OFFERING PRICE, NUM   | BER OF INVESTORS, EXPENSES AND USE OF P   | ROCEEDS  |                        |
|------|--|---|--|------------------------|
|      | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."  |   |  | s885,000.00            |
| 5.   | Indicate below the amount of the adjusted gross precach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Part | ny purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross |  |                        |
|      |  |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others  |
|      | Salaries and fees  |   |  |                        |
|      | Purchase of real estate  | ······  | ]\$  | . 🗆 \$                 |
|      | Purchase, rental or leasing and installation of mac and equipment  | Chinery   | ¬ e  |                        |
|      | Construction or leasing of plant buildings and fac   | <del>_</del>  |  |                        |
|      | Acquisition of other businesses (including the val offering that may be used in exchange for the assessuer pursuant to a merger)   | ue of securities involved in this ets or securities of another                                      | _  |                        |
|      | Repayment of indebtedness  | _   |  |                        |
|      | Working capital  | _   |  |                        |
|      | Other (specify):   | _   | _  |                        |
|      |  |   | ]\$  | ss                     |
|      | Column Totals  |   | _S_0.00  | <b>ℤ</b> \$ 885,000.00 |
|      | Total Payments Listed (column totals added)  |   |  | 35,000.00              |
|      |  | D: FEDERAL SIGNATURE  |  |                        |
| sigi | issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accumulation.                                      | undersigned duly authorized person. If this notice nish to the U.S. Securities and Exchange Commiss | is filed under Ru<br>sion, upon writte                 |                        |
| Issu | er (Print or Type)   | Signature D   | ate 1  |                        |
| Ec   | obeco, LLC   | 1/27/400  | September/_Q2  | 2008                   |
| Nar  | ne of Signer (Print or Type)   | Title of Signer (Print or Type)   |  |                        |
| Bria | n P. Toll  | Managing Member   |  |                        |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E-STATE SIGNATURE  |       |           |
|--|-------|-----------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes   | No<br>RZI |
|  | لنتنا | 123       |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

|                        |                       | <u> </u>         |
|------------------------|-----------------------|------------------|
| Issuer (Print or Type) | Signature             | Date //          |
| Ecobeco, LLC           | 13 Jolx               | September 6 2008 |
| Name (Print or Type)   | Title (Print or Type) |                  |
| Brian P. Tolf          | Managing Member       |                  |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |   |  | A1                                   | PPENDIX  |  |        |  |              |  |
|-------|--------------------------------|---|--|--------------------------------------|--|--|--------|--|--------------|--|
| 1     | Intend<br>to non-a<br>investor | I to sell<br>accredited<br>is in State<br>I-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |              |  |
| State | Yes                            | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No           |  |
| AL    |                                |   |  |                                      |  |  |        |  |              |  |
| AK    |                                |   |  |                                      |  |  |        |  |              |  |
| AZ    |                                |   |  |                                      |  |  |        |  |              |  |
| AR    |                                |   |  |                                      |  |  |        |  |              |  |
| CA    |                                |   |  |                                      |  |  |        |  | 7            |  |
| co    |                                |   |  |                                      |  |  |        |  |              |  |
| СТ    |                                |   |  |                                      |  |  |        |  |              |  |
| DE    |                                |   |  |                                      |  |  |        |  |              |  |
| DC    |                                | ×   | convertible notes  | 1                                    | \$25,000.00  | 0  | \$0.00 |  | ×            |  |
| FL    |                                | ×   | convertible notes  | 2                                    | \$50,000.00  | 0  | \$0.00 |  | ×            |  |
| GA    |                                |   |  |                                      |  |  |        |  |              |  |
| нт    |                                |   |  |                                      |  |  |        |  |              |  |
| ID    |                                |   |  |                                      |  |  |        |  | , income     |  |
| IL    |                                |   |  |                                      |  |  |        |  |              |  |
| IN    |                                |   |  |                                      |  |  |        |  |              |  |
| IA    |                                |   |  |                                      |  |  |        |  |              |  |
| KS    |                                |   |  |                                      |  |  |        |  | ************ |  |
| KY    |                                |   |  |                                      |  |  |        |  |              |  |
| LA    |                                |   |  |                                      |  |  |        |  |              |  |
| ME    |                                |   |  |                                      |  |  | -      | ***************************************  |              |  |
| MD    |                                | ×   | convertible notes  | 1                                    | \$25,000.00  | 0  | \$0.00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | ×            |  |
| MA    |                                | ×   | convertible notes  | 1                                    | \$10,000.00  | 0  | \$0.00 |  | ×            |  |
| MI    |                                |   |  |                                      |  |  |        |  |              |  |
| MN    |                                |   |  |                                      |  | ) · · · · · · · · · · · · · · · · · · ·  |        |  |              |  |
| MS    |                                |   |  |                                      |  |  |        |  |              |  |

|       |                                |  |  | APF                                  | PENDIX   |   |        |   |  |  |  |
|-------|--------------------------------|--|--|--------------------------------------|--|---|--------|---|--|--|--|
| 1     | Intend<br>to non-a<br>investor | 2<br>I to sell<br>eccredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |   |        |   | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |  |
| State | Yes                            | No   |  | Number of<br>Accredited<br>Investors | Number of Number of Non-Accredited                             |   |        |   | No   |  |  |
| мо    |                                |  |  |                                      |  |   |        |   |  |  |  |
| мт    |                                |  |  |                                      |  |   |        |   |  |  |  |
| NE    |                                |  |  |                                      |  |   |        |   |  |  |  |
| NV    |                                |  |  |                                      |  |   |        |   |  |  |  |
| NH    |                                |  |  |                                      |  |   |        |   |  |  |  |
| ĮИ    |                                |  |  | 7                                    |  |   |        |   |  |  |  |
| NM    |                                |  |  |                                      |  |   |        |   |  |  |  |
| NY    |                                |  |  |                                      |  |   |        |   |  |  |  |
| NC    |                                |  |  |                                      |  |   |        |   | -  |  |  |
| ND    |                                | 200 200  |  |                                      |  |   |        |   |  |  |  |
| ОН    |                                |  |  |                                      |  |   |        |   |  |  |  |
| ОК    |                                |  |  |                                      |  |   |        |   |  |  |  |
| OR    |                                |  |  |                                      |  |   |        |   |  |  |  |
| PA    |                                |  |  |                                      |  |   |        |   |  |  |  |
| RI    |                                |  |  |                                      |  |   |        |   |  |  |  |
| SC    |                                |  |  |                                      |  |   |        | *************************************** |  |  |  |
| SD    | 100 (1000)                     |  |  |                                      |  |   |        | ,                                       |  |  |  |
| TN    |                                |  |  |                                      |  |   |        |   |  |  |  |
| TX    |                                |  |  |                                      |  |   |        |   |  |  |  |
| UT    |                                |  |  |                                      |  |   |        |   |  |  |  |
| VT    |                                |  |  |                                      |  |   |        |   |  |  |  |
| VA    |                                | ×  | convertible notes  | 1                                    | \$25,000.00  | 0 | \$0.00 |   | ×  |  |  |
| WA    |                                |  |  |                                      |  |   |        |   |  |  |  |
| wv    |                                |  |  |                                      |  |   |        |   | ,  |  |  |
| wı    |                                |  |  |                                      |  |   |        |   |  |  |  |

|       |                  |  |  | APP                                  | ENDIX  |  |        |     |  |
|-------|------------------|--|--|--------------------------------------|--|--|--------|-----|--|
| 1     | 1 2 3 Type of so |  |  |                                      | 5 Disqualification under State ULO                             |  |        |     |  |
| :     | to non-a         | d to sell accredited rs in State 3-Item 1) | and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     | attach<br>ation of<br>granted)<br>-Item 1) |
| State | Yes              | No   |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No   |
| WY    |                  |  |  |                                      |  |  |        |     |  |
| PR    |                  |  |  |                                      |  |  |        |     |  |

